

877.334.8512, ext 1

A sample step-by-step ICD-10 action plan for mental health:

1) Contact your payers: ultimately, the success of ICD-10 depends on payers reimbursing. Start calling your payers now, whether insurance companies or Medicaid/Medicare, and nail down the following:

a) does your contract need to be updated? The fine print of your payer contract probably stipulates that all diagnosis codes (as supporting documentation on claims) are coded in ICD-9. You'll want to update your contract to reflect that this ends on 9/30/15 and that ICD-10 should be used as of 10/1/15.

b) confirm when they will be ICD-10 ready (and in doing so, ensure that they are prepared for ICD-10!)

c) find out when they will be ready to test ICD-10: successful testing is the most vital piece of preparation.

d) will they require dual coding? Some payers are requiring a period of dual coding, and this would obviously create work for your agency (see the full article about how some dual coding will be required by all practices for the date-of-service code breakdown).

e) do they have any ICD-10 resources available? Many payers are offering complimentary ICD-10 resources to help you prepare: make sure to take advantage of any of these provided (click here for an example).

[Click here](#) for details and the rest of the steps.

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Unbiased Video Review

Check out this neutral video review created by Josh Bland of Technology Advice - and see how PIMSY differs from the competition [here](#).

[Click here](#) to watch the 4 minute video

To your success!



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